FORM B10 (Official Form 10) (Rev. 4/98)		■ · · · · · · · · · · · · · · · · · · ·
United States Bankruptcy Court SOUTHERN DISTRICTION OF	ICT OF TEXAS P.O.Box vision)	PROOF OF CLAIM
Name of Debtors	Case Number	
Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	788-20696 Creditor ID#:
*place an "x" beside the name of the Debtor you are filing a claim against		United States Bankruptcy Court Southern District of Texas
Name of Creditor (The person or other entity to whom the debtor owes	Check box if you are aware that	T ELLER
money or property): Ethan Zwaagstra	anyone else a filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	JUL 1 9 2000
Name and address where notices should be sent:		Michael N. Milby, Clerk
**************************************	received any notices from the bankruptcy,court in this case	Trionaci ia. Iviiiby, Cierk
Ethan Zwaagstra 2420 Nogales Way	Check box if the address	
Gillette WY 82716-2325	differs from the address on the envelope sent to you by the	
	court.	
Account or other number by which creditor identifies debtor:	Check here replaces if this claim amends a prev	viously filed claim, dated:
1. Basis for Claim	Retiree benefits as defined in 11 U.S.C. § 1114(a)	
Goods sold	Wages, salaries, and compensation	on (Fill out below)
Services performed Money loaned	Your SS#:	
Personal injury/wrongful death	Unpaid compensation for services performed	
Taxes Other	from to	(date)
2. Date debt was incurred: ARRIVAX, FLA 2000	3. If court judgment, date of	btained:
4. Total Amount of Claim at Time Case Filed: \$ If all or part of your claim is secured or entitled to priority, also completed Check this box if claim includes interest or other charges in additional charges.		Attach itemized statement of all interest or
5. Secured Claim.	6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority.	
Check this box if your claim is secured by collateral (including a right of setoff).		
	Amount entitled to priority \$ Specify the priority of the claim:	
Brief Description of Collateral: Real Estate Motor Vehicle	Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11	
Other All personal and intangible property of Debtor's Estate	U.S.C. § 507(a)(3)	the debtor's business, whichever is earlier - 11
Value of Collateral: \$	 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). 	
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and d	ieducied-for	This-Space is for Doug Use Only
the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, suc	ch as promissorv	
notes, purchase orders, invoices, itemized statements of running accounts, concourt judgments, mortgages, security agreements, and evidence of perfection DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available.	ntracts, of lien.	
explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		183
Date Sign and print the name and title, if any, of the creditor or of (attach copy of) power of attorney (if any)	ther person authorized to file this claim	
Penalty for presenting fraudulent claim: Fine objust to \$500,0	00 or indexisolated to but to 5 years, or both	. 18 U.S.C. 88 152 and 3571.

ClibPDF - www.fastio.com

Zwaagstra's 2420 Nogales Way Gillette, WY 82716 307-685-1582

U.S. Bankruptcy Court P.O. Box 61288 Houston, TX 77208

To Whom It May Concern:

July 13, 2000

I received this information about this chapter 11 Bankruptcy about a week ago. The form is addressed to my two-year-old son. I called and left a message with 1-800-804-2013, and I have heard nothing back from them.

My son was injured in the Gillette Wyoming Stage store, at the beginning of this year. There was a case administrator assigned to the claim. I have only talked to her once and she has never called or sent me anything to fill out. I have tried to go through the store here to get the case number and a point of contact, but they said they didn't know what I was talking about.

I don't know what I am supposed to do at this point; so I am sending you this letter.

Thank you for your time and assistance.

Sincerely,

Michelle Zwaagstra (Ethan Zwaagstra's mother)